

SYLVIE RATELLE STD/HIV PREVENTION TRAINING CENTER OF NEW ENGLAND STD LABORATORY COURSES

<input type="checkbox"/> Dr., <input type="checkbox"/> Mr., <input type="checkbox"/> Mrs., <input type="checkbox"/> Ms., <input type="checkbox"/> Miss (First) (MI) (Last)				
RACE/ETHNICITY: <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic/Latino/Chicano <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other _____				
Position Title	Length of Time in Profession	Certification/Specialty		
Employer's Name		Your email address		
Your Home Mailing Address				
City	State	Zip Code		
Telephone number where you can be reached.	Work: Home:	Fax: Other:		
WET MOUNT LABORATORY COURSE Please X the date of your choice	<input type="checkbox"/> February 25, 2009, 9:00am-12:00pm <input type="checkbox"/> May 13, 2009, 1:00pm-4:00pm <input type="checkbox"/> September 23, 2009, 9:00am-12:00pm			
_____ Signature of Applicant		_____ Date		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;">OCCUPATION (Circle one number)</p> <p>01 Physician 02 Veterinarian 03 Dentist 04 Laboratorian 05 Nursing 06 Sanitarian 07 Industrial Hygienist 08 Administration 09 Water Treatment Operator 10 Engineer 11 Safety Professional 12 Other _____</p> <p style="text-align: center;">EDUCATIONAL LEVEL (Circle Highest Level Attained)</p> <p>01 Some High School 02 High School Graduate 03 Some College 04 Associate's Degree 05 Bachelor's Degree 06 Master's Degree 07 Doctoral Degree - MD 08 Doctoral Degree - Other than MD 09 Technical/Hospital School 10 Other _____</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p style="text-align: center;">TYPE OF EMPLOYER Please review all categories before circling appropriate one (circle one number)</p> <p>01 State and Territorial Health Department 02 Other State and Territory Employer 03 Local, City or County Health Department 04 Other Local Government Employer 05 CDC- State and Local Assignees 06 Other CDC Employer 07 Indian Health Service 08 USPHS Hospital 09 US Food and Drug Administration 10 Other DHHS Employer 11 US Department of Defense 12 Veterans Administration Hospital 13 US Department of Agriculture 14 US Department of Labor 15 Other Federal Government Employee 16 Foreign Employer 17 Private/Community Hospital 18 Voluntary Health Agency 19 College/University 20 Organized Labor 21 Private Industry 22 Self-employed 23 Private Clinical Laboratory 24 Physician Office Laboratory/Group Practice 25 Hospital - State Funded 26 Hospital - City/County Funded 27 State University 28 Health Maintenance Organization 29 Blood Bank 30 Other _____</p> </td> </tr> </table>			<p style="text-align: center;">OCCUPATION (Circle one number)</p> <p>01 Physician 02 Veterinarian 03 Dentist 04 Laboratorian 05 Nursing 06 Sanitarian 07 Industrial Hygienist 08 Administration 09 Water Treatment Operator 10 Engineer 11 Safety Professional 12 Other _____</p> <p style="text-align: center;">EDUCATIONAL LEVEL (Circle Highest Level Attained)</p> <p>01 Some High School 02 High School Graduate 03 Some College 04 Associate's Degree 05 Bachelor's Degree 06 Master's Degree 07 Doctoral Degree - MD 08 Doctoral Degree - Other than MD 09 Technical/Hospital School 10 Other _____</p>	<p style="text-align: center;">TYPE OF EMPLOYER Please review all categories before circling appropriate one (circle one number)</p> <p>01 State and Territorial Health Department 02 Other State and Territory Employer 03 Local, City or County Health Department 04 Other Local Government Employer 05 CDC- State and Local Assignees 06 Other CDC Employer 07 Indian Health Service 08 USPHS Hospital 09 US Food and Drug Administration 10 Other DHHS Employer 11 US Department of Defense 12 Veterans Administration Hospital 13 US Department of Agriculture 14 US Department of Labor 15 Other Federal Government Employee 16 Foreign Employer 17 Private/Community Hospital 18 Voluntary Health Agency 19 College/University 20 Organized Labor 21 Private Industry 22 Self-employed 23 Private Clinical Laboratory 24 Physician Office Laboratory/Group Practice 25 Hospital - State Funded 26 Hospital - City/County Funded 27 State University 28 Health Maintenance Organization 29 Blood Bank 30 Other _____</p>
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